

ALABAMA DEPARTMENT OF TRANSPORTATION  
BUREAU OF ACCOUNTS AND FINANCE  
LEAVE ACCRUAL CORRECTIONS FORM

BUREAU OR DIVISION 6th

BUREAU OR DIVISION DOC # 60073

INSTRUCTIONS: This form will be used to permit an employee to adjust leave accruals and pay periods of service only. If the system credits an employee with the improper leave accruals and/or pay periods of service, please enter the correct number of hours (or pay periods) required to attain the correct balances. A positive number would increase the balances and a negative number would decrease balances. The WHITE copy is to be sent to the Payroll Section of Accounting. If the balancing problem is due to previously processed distribution charges, adjustments should be corrected on the Payroll Distribution Corrections Form.

PLEASE DO NOT DUPLICATE ADJUSTMENTS.

SOCIAL SECURITY NUMBER	NAME	DATE*	ANNUAL HOURS	SICK HOURS	COMP HOURS	HOLIDAY HOURS	PERIODS OF SERVICE
418-29-8863	Melvin M. Jackson	7/08/05	+1				
418-82-8446	Alverene D. Butler	8/05/05		+4			
420-13-8250	Michael BOGAN	8/05/05	+2				
420-17-0167	Kelvin A. Johnson	8/05/05		+8			
	Leave was disapproved by supervisors on above listed employees. They should have been charged LWOP. Requests have been made to Accounting to reduce their pay by number of hours shown; thus, their leave should be adjusted.						

\* PAY PERIOD ENDING DATE OR ACTUAL HOLIDAY DATE

Opal B. Bannick  
PAYROLL CLERK

[Signature]  
BUREAU CHIEF OR DIVISION EN

1. White - "Accounting Copy"

